JACKSON WATER PRECINCT

PO Box 151 Jackson, NH 03846 Phone: 603-383-6539

November 30, 2009

US Environmental Protection Agency Region 1 1 Congress Street, Suite 1100 Boston, Ma 02114-2023

Subject:

General Discharge Permit- Water Treatment Plant

Jackson Water Precinct, New Hampshire (NHG640011)

This Notice of Intent (NOI) is submitted on behalf of the Jackson Water Precinct. The only discharge going to the receiving water will be effluent from the water treatment facility filter backwash system, as identified in the NOI.

The normal flow path of filter backwash effluent is recycled back to the system head works. The filter plant has been in operation since 2003, to date there has not been a discharge to the NPDES Outfall. We request that our general discharge permit be re-authorized in the case that a discharge to the outfall becomes necessary.

Thank you for your consideration,

Scott Hayes

Water System Manager, Jackson Water Precinct

cc: Roy Gilbert, NHDES

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encl. site map topographic map

ra/a/12/9/09

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY NEW ENGLAND - REGION I ONE CONGRESS STREET, SUITE 1100 BOSTON, MASSACHUSETTS 02114-2023

Request for General Permit Authorization to Discharge Wastewater (Notice of Intent to be covered by the General Permit (NOI))

Potable Water Treatment Facility (PWTF)

NPDFS General Permit No. MAG640000 and NHG640000

A. Facility Information		
1. Pacifity Owner. Jackson Water Pr	ecinct,	
Name	hayes@ncia.net	
Street/PO Box PO Box 151	City Jackson	
State N.H.	Zip Code 03846	
Contact Person Scott Hayes	Telephone Number <u>603-383-49</u>	18
2. Facility Operator (if different from above):	1	-1
Name Scott Hayes	e-mail (optional) hayes@nc1a.n	et
Street/PO Box PO Box 135	City Jachson	
State NH	Zip Code 63846	
Contact Person Sco++	Telephone Number 603-383-494	8
3. Facility Data (attach topographic map or other m	pap showing facility/discharge location):	,
Name Jackson Water Precinct		et
Street/PO Box 40 Green Hill Road	City Jackson	
State NH	Zip Code 03846	
Contact Person Scott	Telephone Number 603-383-490	18
Latitude N 440 08.79'	Longitude W 7/0 11-57'	
 Standard Industrial Classification (SIC Codes) at SIC Code(s) NHG 6H0011 Description(s) Water Supply Current Permitting Status (please check yes or not). Has a prior NPDES permit been granted for the No 		640011)
 2. Is the discharge a "new discharge" as defined be 3. Is the facility covered by an individual NPDES 4. Is there a pending application on file with EPA 	permit? Yes V (Permit Number NHG 64	0011) No
B. Discharge Information		
1. Name of Receiving Waterbody Ellis A	River	
2. Type of Receiving Waterbody (e.g. stream. lake.	reservoir, estuary etc) RIVET	
3. State Water Quality Classification: B Fresh	hwater: Marine Water:	
Describe the discharge activities for which the over not specifically authorized in the PWTF GP which	wner/applicant is seeking coverage, including in need to be authorized for discharge (and whi	process discharge ch attain the
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effluent limits and other conditions of the general permit). This description should include all treatment methods used on the wastewater prior to discharge including lagoons, baffles, filter presses etc. If lagoons are used at the facility, please include the number and size of lagoons; the size and elevation of the entry pipe; the time of travel from the entry point of the discharge into the lagoon to the entry point to the receiving water; and the length of backwash cycle for any combination of number of filters. (attach extra sheets if necessary):						
If the NPDES outfall is used, the following description explains the process:						
 Please provide a diagram depicting the treatment methods, outfalls, and receiving water. 						
,						
6. Number of outfalls:						
For each outfall:						
7. What is the proposed sampling location(s) and proposed consistent times of the month for collecting samples: In the treatment pipe gallery, labeled Sample port						
C. Effluent Characteristics						
1. List here and attach information on any water additives used at the facility (Including chemicals for pH adjustment dechlorination, control of biological growth, and control of corrosion and scale in water pipes): Polymer (Coagulant), Sodium hypochlorite, lime Stone Contactor						
2. Please report here any known remediation activities or water-quality issues in the vicinity of the discharge.						
3. Are aluminum-containing congulants used at this facility? Yes No						
4. Does the discharge contain residual chlorine? Yes No						
5. Does the facility provide treatment to remove arsenic from the raw water source? Yes No						
6. Are ohosphorus-containing chemicals added to the treated water at this facility? Yes						
7. All applicants must attach a separate sheet listing all laboratory results (minimum of five) for total recoverable aluminum (in micrograms per liter) taken within the last six months. Do not include dilution when recording your results. See Section 1.15 of General Dermit for more information. No effluent data, Tackson Water Precinct has not alischarged to date backwash Water 15 recycled. 8. Please include the following effluent data for each outfall:						
Characteristic (report if measured) Average Monthly Maximum Daily						
Discharge Flow (gpd) N/A						
TSS (mg/l) NIA						
pli(s.u.) (Min) (max)						
Total Recoverable Aluminum (ug/l) (A						
Total Residual Chlorine (ug/l) NA						
(continued on next page)						
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8. Continued										
Characteristic	(report if meas	ured)								
Whole Effluer	nt Toxicity (%)		LC50	NA	and/or	C-NOE	c	NA		
	arge contains a flow (7Q10) of and dilution ca	of the recei	iving water	r, the dilu	tion factor,	and attack	h any cal	culations u	used to supp	ort
7Q10	A	_cfs	Dilution	Factor _	NA		efs			
D. Endange	ered Species	Act Eli	gibility							
1. Using the in coverage un	nstructions in A der this genera A	Appendix l l permit?	of the PW	/TF GP, t	inder which	criterion	listed in	Part II are	you eligible	for
	A	\ \ <u>\</u>	В	c	D	E	F	20		
2. If you selec	ted criteria D	or F, has o	onsultation	with the	federal ser	vices beer	comple	ted? Yes_	No	NA
If consultate concurrence Yes No	ion with U.S. I finding that th									
4. Attach doct Step 4, of th	umentation of I e General Pern		oility as des	scribed be	low and re	quired at	Part 3.4.]	and Appe	andix I, Part	111,
Criterion A -	No federally-listed threatened or endangered species or federally-designated critical habitat are present: A copy of the most current county species list pages for the county(ies) where your site or facility and discharges are located. You must also include a statement on how you determined that no listed species or critical habitat are in proximity to your site or facility or discharge locations.									
Criterion B –	Section 7 consultation completed with the Service(s) on a prior project: A copy of the USFWS's and/or NMFS's, as appropriate, biological opinion or concurrence on a finding of "unlikely to adversely effect" regarding the ESA Section 7 consultation.									
Criterion C –	Activities are covered by a Section 10 Permit: A copy of the USFWS's and/or the NMFS's, as appropriate, letter transmitting the ESA Section 10 authorization.									
Criterion D -	Concurrence from the Service(s) that the discharge is "not likely to adversely affect" federally-listed species or federally-designated critical habitat (not including the four species of concern identified in Section I of Appendix I): A copy of the USFWS's and/or the NMFS's, as appropriate, letter or memorandum concluding that the discharge is consistent with the general permit's "not likely to adversely affect" determination.									
Criterion E	Activities are covered by certification of eligibility. A copy of the documents originally used by the other operator of vour site or facility (or area including your site) to satisfy the documentation requirement of Criteria A, B, C or D.									
Criterion F -	concern. as identified in Section I of Appendix I: A copy of the USFWS and/or the NMFS, as appropriate, concurrence with the applicant's determination that the discharge is 'not likely to adversely affect' listed species.									
E. National	Historic Pr	operties	Act Elig	gibility						

	Using the instructions in Appendix III of the for coverage under this general permit?	e PWIF	GP, under	which criterion listed in	Part III are ye	ou elig	gible
	1.		2	3			
2.	Have any State or Tribal historic preservati If yes, attach the results of the consultation(rs been co	nsulted in this determinati	on? Yes	_ No	_

F. Certification

I certify that the discharge for which I am seeking coverage under the general permit consists solely of a surface water discharge from a potable water treatment facility. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature Que	X+ton	Date	11/16/09
Printed Name and Title	Sustem	Manager	
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Federal regulations require this application to be signed as follows:

- 1. For a corporation, by a principal executive officer of at least the level of vice president;
- 2. For partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
- 3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.

Note: Permits No. MAG640000 and NHG640000 may be found at www.epa.gov/region1/npdes/pwtfgp.html



